

INSTRUCTIONS

The "Employee Discrimination Complaint," form GS 910, is used to file a formal written discrimination complaint.

DISCRIMINATION COMPLAINT PROCEDURE

A signed formal written complaint must be filed with the Department's EEO Office within in one year of the alleged unlawful discrimination. The written complaint must state the action perceived to be discriminatory, the bases of the discrimination and the specific remedy or remedies sought by the complainant. The complaint process is available to all employees, applicants, and individuals doing business with and/or working for DGS. Mail the complaint to the following address: Department of General Services Equal Employment Opportunity Office, 707 - 3rd Street, Rm. 1-320, West Sacramento, CA 95605

Formal Process

When a formal complaint is filed, the complainant must understand that anonymity provisions do not apply. DGS employees are assured of the following rights with regard to complaints of discrimination.

1. To a reasonable amount of release time to make a presentation of their complaint to the Department's EEO Office.
2. To an impartial investigation.
3. To have a representative of the employee's own choosing at all stages of the process.
4. The complainant is obliged to provide accurate and factual information during all phases of the complaint process. Trust is expected from all persons involved in the investigative process. Fraudulent claims can result in adverse action.
5. Freedom from restraint, interference, coercion, or retaliation.

Other Options

At any time during the formal process, the complainant may file a complaint with the Department of Fair Employment and Housing (DFEH) and/or Equal Employment Opportunity Commission (EEOC), or file in civil court.

FEDERAL	STATE
Equal Employment Opportunity Commission 901 Market Street, Suite 500 San Francisco, CA 94103-4977 (415) 744-6500 or (800) 669-4000 Wells Fargo Bank Building 1333 Broadway, 4th Floor Oakland, CA 94612 (510) 637-3230	Department of Fair Employment and Housing 2218 Kausen Drive, Suite 100 Elk Grove, CA 95758 (916) 478-7251 or (800) 884-1684
	Must file within 365 days

SEE INSTRUCTIONS ON REVERSE OF FORM

DATE

NAME	CLASSIFICATION	
OFFICE/DIVISION		UNIT OR SECTION
WORK ADDRESS		WORK TELEPHONE NUMBER
HOME ADDRESS		HOME TELEPHONE NUMBER ()
BARGAINING UNIT: NAME & NUMBER OF REPRESENTATIVE/EMPLOYEE ORGANIZATION		WORKING HOURS
NAME OF RESPONDENT:		TELEPHONE NUMBER ()
NAME OF SUPERVISOR:		TELEPHONE NUMBER ()

BASIS OF POSSIBLE COMPLAINT: (CHECK APPROPRIATE BOXES)

- ☐ RACE ☐ RELIGION ☐ MARITAL STATUS ☐ GENETIC INFORMATION ☐ COLOR ☐ ANCESTRY ☐ SEX
- ☐ DISABILITY (physical, and mental, including HIV and Aids) ☐ GENDER/GENDER IDENTITY ☐ VIETNAM ERA AND MILITARY OR VETERAN STATUS
- ☐ AGE (40 and Over) ☐ SEXUAL ORIENTATION ☐ MEDICAL CONDITION (Cancer and genetic characteristics) ☐ VICTIMS OF DOMESTIC VIOLENCE
- ☐ SEXUAL HARASSMENT ☐ NATIONAL ORIGIN (including language use restrictions) ☐ POLITICAL AFFILIATION
- ☐ PREGNANCY (including child birth or related medical conditions) ☐ USE OR DENIAL FAMILY AND MEDICAL CARE LEAVE
- ☐ RETALIATION (FOR HAVING FILED AN EEO COMPLAINT, OPPOSING DISCRIMINATORY CONDUCT AND/OR PARTICIPATING IN AND EEO INVESTIGATION)

DESCRIPTION OF PROBLEM (ATTACH ADDITIONAL SHEETS, IF NECESSARY)

HAS COMPLAINANT DISCUSSED PROBLEM WITH ONE OF THE FOLLOWING: (IF YES STATE RESULTS AND ENTER DATE, IF NO STATE WHY NOT)

DATE

DISCUSSED

☐ YES

☐ NO

☐ SUPERVISOR

☐ CALIFORNIA STATE
EMPLOYEES ASSOCIATION

☐ CALIFORNIA HIGHWAY PATROL

☐ MANAGER

☐ EMPLOYEE ASSISTANCE PROGRAM

☐ OTHER _____

RESULTS/WHY NOT DISCUSSED

REMEDY REQUESTED

(DESCRIBE THE DESIRED CORRECTIVE MEASURES)

EMPLOYEE SIGNATURE

DATE